

Montana Medicaid - Fee Schedule Nutrition - Provider Type 35

July 1, 2004

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.
For example:
26 = professional component
TC = technical component

Description – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee for listed code

Medicare: Medicare-prevailing fee for listed code.

By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

Unit of Service - The increments of time the service is billed in. Per visit has no time increments allowed and is billed as 1 unit.

Max Allowed - The maximum number of units that can be billed per day

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Nutrition - Provider Type 35

Proc	Modifier	Description	Effective	Method	Fee	PA	Unit of Service	Max Allowed/Claim
G0108		DIAB MANAGE TRN PER INDIV	7/1/2003	FEE SCHED	\$19.72		30 min	3
G0109		DIAB MANAGE TRN IND/GROUP	7/1/2003	FEE SCHED	\$11.59		30 min	9
G0270		MNT SUBS TX FOR CHANGE DX	1/1/2003	FEE SCHED	\$13.37		15 min	8
G0271		GROUP MNT 2 OR MORE 30 MINS	1/1/2003	FEE SCHED	\$5.26		30 min	8
S0302		CMPLTED EPSDT NUTRITION CONSULTS	1/1/2003	FEE SCHED	\$30.57		per visit	1
97802		MEDICAL NUTRITION, INDIV, IN	7/1/2003	FEE SCHED	\$6.57		15 min	8
97803		MED NUTRITION, INDIV, SUBSEQ	7/1/2003	FEE SCHED	\$6.57		15 min	8
97804		MEDICAL NUTRITION, GROUP	7/1/2003	FEE SCHED	\$6.57		30 min	8